

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/531108**

FILING DATE

APPLICANT

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓		✓			
2		✓		✓		
3		✓		✓		
4		✓		✓		
5		✓		✓		
6		✓		✓		
7		✓		✓		
8	✓		✓			
9		✓		✓		
10		✓		✓		
11		✓		✓		
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13		✓		✓		
14		✓		✓		
15	✓		✓			
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20		✓		✓		
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22		✓		✓		
23	✓		✓			
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25		✓		✓		
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TOTAL IND.	5	↓	5	↓		↓
TOTAL DEP.	20	←	22	←		←
TOTAL CLAIMS	25		27			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						